

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	60607	6/20/99
O.I.P.E. CLASSIFIER		43	7/9/99
FORMALITY REVIEW	11/	71555	7-20-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY If more than 150 claims or 10 actions
 staple additional sheet here
 (LEFT INSIDE)